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PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-875

Application or Docket Number
09/742039

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	5	minus 20 =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

OR	OTHER THAN SMALL ENTITY
	RATE FEE
	\$
OR	X \$ =
OR	X \$ =
OR	X \$ =
OR	+ \$ =
OR	TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total (37 CFR 1.16(c))	29	Minus 20	= 9
Independent (37 CFR 1.16(b))	12	Minus 3	= 9
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

OR	OTHER THAN SMALL ENTITY
	RATE ADDITIONAL FEE
	X \$ 18 = 162
OR	X \$ 88 = 792
OR	+ \$ =
OR	TOTAL ADD'L FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total (37 CFR 1.16(c))		Minus	=
Independent (37 CFR 1.16(b))		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

OR	OTHER THAN SMALL ENTITY
	RATE ADDITIONAL FEE
	X \$ =
OR	X \$ =
OR	+ \$ =
OR	TOTAL ADD'L FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total (37 CFR 1.16(c))		Minus	=
Independent (37 CFR 1.16(b))		Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

OR	OTHER THAN SMALL ENTITY
	RATE ADDITIONAL FEE
	X \$ =
OR	X \$ =
OR	+ \$ =
OR	TOTAL ADD'L FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Fee Chg.

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT**AMENDMENT TRANSMITTAL FORM**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 990502
In Re Application of: Anthony Mauro
Serial Number: 09/742,039
Filed: December 19, 2000
Examiner: Kaveh Abrishamkar
Group Art Unit: 2131

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	29	5	24	x \$18 =	\$432
Independent**	12	3	9	x \$88 =	\$792
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$300	\$0
EXTENSION FEES				<input type="checkbox"/> One Month	\$110
				<input type="checkbox"/> Two Months	\$430
				<input type="checkbox"/> Three Months	\$980
TERMINAL DISCLAIMER				\$110	\$0
				TOTAL FEE	\$1224

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$1224.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: October 13, 2004

Signature: *Abdollah Karbakh*
Abdollah Karbakh, Reg. No. 45,325
Phone No. (858) 651-4132QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Suey Durnauf
(type or print name)Signature: *Suey Durnauf*11/22/2004 DFLOYD 00000002, 170026 09742039
Depositor's Name: _____
(type or print name)
162.00 DA
Date: 10/13/04

(TRANSAMD.VER1.13-04/30/04)